The Special Attention of Thysicians is nespection Mepartment, City of Baltimore. The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, a curately filled sooner, if requested so to do, under penalty of law.

No PREMIT FOR Run. lo, under penalty of law.

No Permit for Burian car by Obrassed without a Proper Certificate. Date of Death,.... Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. Sex, Male or Female, Cross out the word not required in this line. Age. Color,. whit Days Married, Single, Widow or Widower, {Cross out the words not } required in this line. Occupation,... Birth Place, {State or country, and how long in the United States, if of foreign birth. Gromany (38 gro in Ame Duration of Residence in the City of Baltimore, ... Place of Death, {Give Street and Number. } Cause of Death, Second (Immediate), Coul Duration of Last Sickness, All the above information should b Place of Burial, Date of Burial, Undertaker, Place of Business, Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and

the cause and date of death.

The Special Attention of Physician	ns is Respectfully Invited to th	e Remarks below, and to	List of Diseases on back of	this Certificate
The Physician who attended to the Undertaker or other person requested so to do, under penalty of	Office of Registral any person in a last illness, is superintending the burill will of law.	rar of Vital St responsible for the preser hin deny-four hours aft	tatistics. Ward ntation of this Certificate, accept the death of said decease	13-
	TIFICAT	OKE M	EATH.	0
Date of Death,		Vans	12/2	
Full Name of Deceased,	of parents.	loash E	, Stenger	
Sex, Male or Female, { creq			6 - /	
	Years,		hs, 22	Days
Color,			other 1	
Marked, Single, Widow	or Widower, {Cross out the required in the	words not }		
Occupation,			11	
Birth Place, State or country, a long in the United if of foreign birth.	nd how) States,		· · · · · · · · · · · · · · · · · · ·	
Duration of Residence in	the City of Raltimo	re,		
Place of Death, Give Street a Number.	nd}	10225	5.71 gen.	w
Cause of Death, $\left\{egin{array}{l} ext{First (Property)} \\ ext{Second (} \end{array} ight.$	1)	holisa	Infanta	u
Duration of Last Sickner		24	Thorny	
Place of Burial, H	Uphinner	2		
Date of Burial, Second	ne /3 /88	7100		
{ Undertaker, U	Sorgeonger	me-	Medical Attendan	
Place of Business,	1 Jank	Address, 5 //	Hunover	er

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the sante can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and data of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cerum Bealth Department, City of Baltimore. Permit 16. Office of Registrar of What Statistics. Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, which that for hours after the death of said deceased, or sooner, if the Permit for Burial can be Obtained without a Proper Certificate. Date of Death,_ Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents. Sex, Male or Female, (Cross out the word not) required in this line. Age, Months. Days. Black Color. Married, Single, Widow or Widower, {Cross out the words not required in this line. Occupation, Birth Place, State or country, and how long in the United States, if of foreign birth. 13.6 Duration of Residence in the City of Baltimore,... Place of Death, Give Street and Number. # 4 ola lo Marios ally Cause of Death, $\left\{\begin{array}{l} \text{First (Primary),} \end{array}\right.$ Second (Immediate) Duration of Last Sickness, Luc amounts Place of Burial, Sharpe of Germely Date of Burial Vine 13 188 (Undertaker, William Place of Business, 150 Gost Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause loves.

The Special Attention of Physicians is Respectful	lly Invited to the F	Remarks below, a	and to List of Dis	seases on Back of thi	is Certificate
Bealth Depa	irtment,	City 1	of Ba	ltimore.	//
Permit No. A 33- Office of	f Registra	Por Vita	l Statistic	es. Ward	4-
The Physician who attended any person in a to the Undertaker or other person superintending requested so to do, under penalty of law. NO PERMIT FOR BURIA	fact timess, is respond the burial within	onsible for the man twenty-four hour lead without A	resentation of the es after the death PROPER CERTIFIED	is Certificate, <i>accura</i> n of said deceased, FICATE.	tely filled out, or sooner, if
CERTIFI	CATE	POF	DEAT	ΓH.	
Date of Death, June 11	1887				
Full Name of Deceased, { Write legibly are correctly. If an not named, give of parents. Sex, Male or Female, { Cross out the word not required in this line.	nd spell a Infant names \	liamo	Sand	(er)	
Age, Years,		М,	onthe	23 1	Days
Colored.			7160160,	1	Dags
Married, Single, Widow or Widowe Occupation,	r, {Cross out the wo			1	
Birth Place, {State or country, and how long in the United States, fir of foreign birth.	Baltri	nne		V	
Duration of Residence in the City of					
Place of Death, (Give Street and) 20 6	6 Eas	1			
Cause of Death, $\left\{egin{array}{l} ext{First (Primary)}, & \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	redit	j	ou		
Duration of Last Sickness, 5		11 da	9)		
Place of Burial, Levnel Come	less				
Date of Burial, June 13 1 (Undertaker, William N	1884,	8.6.B	alch	1.	WA
(Undertaker, William X	inger	.0.10.10	uceu	Medical Attendant.	M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Place of Business, 150 Toll

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians	is Respectfully Invited to the Re	emarks below,	and to List o	f Diseases on b	ack of this C	ertincate.
A Bealth	Department,	City	of B	altimo	re.	
Permit No. 335 The Physician who attended a to the Undertaker or other person s	Office of Registra	onsible of the	al Statis	of this Certifi	Ward Cate, accurated	y filled out
	law. T FOR BURIAL CAN BE OBTAIN				(0
CER	TIFICATE	OP	DE	ATH		
Date of Death,		7		th 18	87	
Full Name of Deceased,	Write legibly and spell correctly. If an Infant not named, give names of parents.	George	Ma	usel		
Sex, Male or Female, Cros	s out the word not ired in this line.		******************	/	//	
$Age, \sim \sim \sim \sim$	Years,		Months,	. /	14	Days.
Color,	······································	NA	ite	1/	·	
Married, Single, Widow o	r Widower, {Cross out the work required in this li	rds not }	******************	<i>V</i>		
Occupation,			, ,,,		7	
Birth Place, State or country, an long in the United if of foreign birth.	d how States,		altis.	nore	bity	
Duration of Residence in	the City of Baltimore	0000	Ly	2	_	
$Place \ of \ Death, \{^{ ext{Give Street ar}}_{ ext{Number.}}$	Mo 222	XX 6	Maye	the s.	<i></i>	
$Cause \ of \ Death, egin{cases} ext{First (Pr. Second (I))} \ ext{Second (I)} \end{cases}$	imary), Immediate),	Conv	ulsi	ons		
Duration of Last Sickness	furnished by the Physician.		Day			è
Place of Burial, St C	Alphonous toe	m //				
Date of Burial, Jun	g 14 m/887	9	. 4	11.	- <	14 5
(Undertaker, 9 8	rance		Jan	Medical	Atteldant	M. D.
Place of Business Ba	nk & Wolfe A	ddress,	Que	846.	10	

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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Duration of Last Sickness,

Place of Burial, Ball

Place of Business, W

Date of Burial,

All the above information should be furnished by the Physician.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate. Bepartment, The Physician who attended any person in a last in the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within the presentation of this Certificate, accurately filled out, required to the Undertaker or other person superintending the burial, within the presentation of this Certificate, accurately filled out, required to the Undertaker or other person superintending the burial, within the presentation of this Certificate, accurately filled out, required to the Undertaker or other person superintending the burial, within the presentation of the Undertaker or other person superintending the burial supe Date of Death, Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. much TErma Sex, Male or Female, {Cross out the word not required in this line.} Age. Months, Days Color. Married, Single, Widowor, {Cross out the words not } required in this line. Occupation,... Birth Place, State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore, Place of Death, (Give Street and Number. Cause of Death, First (Primary), Second (Immediate),

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Address,

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Medical Attendant.

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ングラー	Bepartment,	Outy of	Baltimore.	100
Permit No. A 33	Office of Registrar	of Vital Sta	tistics. Ward.	19
The Physician who attended any to the Undertaker or other person surrequested so to do under penalty of his	y person in a last illness, is respe	ousible for the presents	ation of this Certificate, ac	ed, or sooner, if
icquested so to do, the si penalty of h	aw. FOR BURIAL CAN DE OBTAIN		CERTIFICATE.	01
•	7 3149	13 188,	AATTI	N
CER	LIFICATE	OI O	LATH.	
Date of Death,		19 Jus	re .1884	
Full Name of Deceased, $\frac{co}{no}$	rite legibly and spell precetly. If an Infant t named, give names parents.	May	4. Span	lding
Sex, Male or Female, Cross of require	out the word not }			
Age, 68	Years,	Months	3,	Days.
Color,		(Khile	
Married, Single, Widow or	Widower, {Cross out the word required in this lin	s not }	····	
Occupation,		9	ner V	
Birth Place, State or country, and long in the United State of foreign birth.	how ates, }	100	alt.	
Duration of Residence in		J	ife	
Place of Death (Give Street and	Hon	. In A	ged of the M	1. E. Church
Carlotte.	acon	plication	of dine	20
$Cause of Death, \left\{egin{array}{ll} ext{First (Prim.} \ ext{Second (In.} \end{array} ight.$	nary),	A A	7 miner	
Second (In	nmediate),	or non	-1	
Duration of Last Sickness		more	The	
All the above information should be fur Place of Burial		_		
Date of Burial Jesus	13th 1885	11	1 1	,
A //	Y /// //	701	w Hoo	(_M. D.
	1. Machon	0	Medical Attenda	nt.
Place of Business, Jac	a 2 Camda Ad	dress, 1403	M. Jage	Me dh
Extract from Regulations of the	Board of Health to secure a		record of the Vital Sta	atistics in the
SECTION 2. And be it further en	acted and ordained, That whene	ever any person shall d		
he Physician who attended during wenty four hours after the death, to t	he Undertaker or other persons	s superintending the I	Burial, a certificate setting	forth as far as
the same can be ascertained, the full rand date of death.	name, sex, age, and condition (v	whether married or sir	igie) of the person decease	d, and the cause [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this C

The Special Attention of Physicians	s is Respectfully Invited	to the Remarks below	v, and to List of Dise	ises on back of this	Certificate.
Health	Departm	ent, City	of Bali	imore.	10
Permit No. 2338	Office of Reg	igardr by Pri	tal Statistics	. Ward	The state of the s
The Physician who attended a to the Undertaker or other person requested so to do, under penalty or No Perm	any person in a last illustrate superintending the burns law. IT FOR BURIAL CAN BE				r sooner, if
CER	TIFICA	1 /	DEAT	TH.	
Date of Death,	(fare	June	11" 18	8/	
Full Name of Deceased,	Write legibly and spell correctly. If an Iylan not named, give names of parents.	Cavaline	Willea	ma	
Sex, Male or Female, { Cro	ss out the word not }	tre	male	-	
Age, 60	Years,		Months,	-	Days.
Color, GT	nean		24.1	1/	
Married, Single, Whow	or Widower, {Cross of require	out the words not }	Midone	7	
Dagunation	the action of	una		<i></i>	
Birth Place, State or country, a long in the United if of foreign birth.	nd how States,	dream	C.H. V	1a	
Duration of Residence in	n the City of Ba	comore,	0991		1
Place of Death, {Give Street a Number.	and } 705	Lille	Hose	There	ST
Cause of Death,	rimary),	njew	Ze_		
Duration of Last Sickne	288, 2	WK,	*		
Place of Burial, And	erf of a	in			
Date of Burial,	13/88	1/22	oss Tem	ing to	М. Д.
(The danta bond / UA	111-101-104	11/1		at f	

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Place of Business, 5 6 Orchard Statress, 406 H

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians	is Respectfully Invited to the	Remarks below, and to	List of Diseases on back of t	his Certificate.
	Department	Sen of the party o		57
Permit No. A 339	Office of Registr	ar of Vital St	atistics. Ward	curately filled out
The Physician who attended a to the Undertaker or other person requested so to do, under penalty of No Permi	any person in a last illness, is to superintending the burnel, with law. IT FOR BURIAL CAN BE OBTA	in twenty-four hours after	er the death of said decease	d, or somer, if
CER	TIFICATE			
Date of Death,		John C	- / / .	12
Full Name of Deceased, $\left\{ ight.$	correctly. If an Infant not named, give name	/		90
Sex, Male or Female, Cro	ss out the word not }	de		, b)
Age,	$\triangleright Years,$	Monti	hs,	Days.
Color, Coler	\$	/	4	
Married, Single, Widow	or Widower, {Cross out the required in t	is line.	(arred	
Occupation,		<i>∞</i>	hormal 81	
Birth Place, {State or country, a long in the United if of foreign birth	nd how States,	~	3 or years	
Duration of Residence is	n the City of Baltimo	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0 00	
$Place of Death, \{^{ ext{Give Street s}}_{ ext{Number.}}$	Larah	1~	sortion	
Cause of Death, {	rimary (Immediate),	ena		
Duration of Last Sickner All the above information should be	988, ZC	CORRECTO		
Place of Burial, Ball	limore beine to	y -	~ ()	
Date of Burial, In	e14#	Oth	Strag	→ M. D .
{ Undertaker, Scoot	Schilling \	See .	Medical Attend	John
Place of Business,	sheand Oyuan	Addressy	last come	

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

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Place of Business,

The Special Attention of Physicians is Respectfully Invited to the Remarks below,	and to List of Diseases on back of this Cercincal
Bealth Department, City	of Baltimore.
Permit No. 3 + O Office of Registrar of Vine	
The Physician who attended any person in a last timess, is responsible for the to the Undertaker or other person superintending the burial, within abenty four hor requested so to do, under penalty of law. No Permit for Burial Can be Obtained without	A Proper Certificate.
CERTIFICATE OF	DEATH.
Date of Death, Such 12 - 1887 Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents.	Funick
Sex, Male or Female, (Cross out the word not required in this line.)	
Age, 46 Years,	Months, Days
Color, white	
Married, Single, Widow or Widower, [Cross out the words not]	
Occupation of love Culter	/
Birth Place, {State or country, and how long in the United States, }	-
Duration of Residence in the City of Baltimore,	years
Place of Death, {Give Street and } Milon Protesta	net Sufermany
Place of Death, {Give Street and } Milion Protesta. Cause of Death, {First (Primary), Goussing This. Second (Immediate),	
Duration of Last Sickness, He year	
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Date of Burial, Tene 13th	Famount
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Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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Medical Attendant.

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[OVER.]